

# HASMONEAN



אל תקרי בניך אלא בוניך

## HASMONEAN HIGH SCHOOL LIABILITY INSURANCE/WAIVER FORM

### THIS FORM MUST BE COMPLETED

Name of Student: -----

School: Hasmonean High School

Date: **5<sup>th</sup> July 2024**

-----

**PLEASE COMPLETE THE IMPORTANT INFORMATION BELOW – WITHOUT LIABILITY INSURANCE OR THE  
WAIVER BEING COMPLETED THE STUDENT WILL NOT BE ABLE TO COMPLETE WORK  
EXPERIENCE.**

Liability Policy Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Insuring Company: \_\_\_\_\_

**Parent/Carers can authorise work experience without liability insurance by signing the following waiver:**

As the Company -..... (Name of Student) is working for during Work Experience week has no  
liability insurance I .....(Parent/Carer) take full responsibility for her during this week

.....(Signature Parent/Carer)

Work experience is for one week only and is unpaid.